



Docket No.: 201859US0PCT



ATTORNEYS AT LAW

COMMISSIONER FOR PATENTS
ALEXANDRIA, VIRGINIA 22313

RE: Application Serial No.: 09/720,828
Applicants: Jacques THEZE, et al.
Filing Date: March 1, 2001
For: PEPTIDES OF IL-2 AND DERIVATIVES THEREOF
AND THEIR USE AS THERAPEUTIC AGENTS
Group Art Unit: 1646
Examiner: MERTZ, PREMA MARIA

SIR:

Attached hereto for filing are the following papers:

SUPPLEMENTAL APPLICATION DATA SHEET (4 PP.)

Our check in the amount of \$0.00 is attached covering any required fees. In the event any variance exists between the amount enclosed and the Patent Office charges for filing the above-noted documents, including any fees required under 37 C.F.R. 1.136 for any necessary Extension of Time to make the filing of the attached documents timely, please charge or credit the difference to our Deposit Account No. 15-0030. Further, if these papers are not considered timely filed, then a petition is hereby made under 37 C.F.R. 1.136 for the necessary extension of time.

Respectfully submitted,

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APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number::	09/720,828
Application Date::	03/01/01
Application Type::	REGULAR
Subject Matter::	UTILITY
Suggested Group Art Unit::	1646
CD-ROM or CD-R?::	NONE
Title::	PEPTIDES OF IL-2 AND DERIVATIVES THEREOF AND THEIR USE AS THERAPEUTIC AGENTS
Attorney Docket Number::	201859US0PCT
Total Drawing Sheets::	16

INVENTOR INFORMATION

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	FRANCE
Status::	FULL CAPACITY
Given Name::	Jacques
Family Name::	THEZE
City of Residence::	Paris
Country of Residence::	FRANCE
Street of Mailing Address::	3, rue de la Planche
City of Mailing Address::	Paris
Country of Mailing Address::	FRANCE
Postal or Zip Code of Mailing Address::	F-75007
Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	FRANCE
Status::	FULL CAPACITY
Given Name::	Ralph
Family Name::	ECKENBERG
City of Residence::	Saint Germain en Laye
Country of Residence::	FRANCE
Street of Mailing Address::	27, rue A. Dumas
City of Mailing Address::	Saint Germain en Laye
Country of Mailing Address::	FRANCE
Postal or Zip Code of Mailing Address::	F-78100

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: FRANCE
Status:: FULL CAPACITY
Given Name:: Jean-Louis
Family Name:: MOREAU
City of Residence:: Paris
Country of Residence:: FRANCE
Street of Mailing Address:: 7, rue Falguiere
City of Mailing Address:: Paris
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-75015

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: FRANCE
Status:: FULL CAPACITY
Given Name:: Michel
Family Name:: GOLBERG
City of Residence:: Paris Cedex 15
Country of Residence:: FRANCE
Street of Mailing Address:: 25-28, rue du Docteur Roux
City of Mailing Address:: Paris Cedex 15
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-75724

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: FRANCE
Status:: FULL CAPACITY
Given Name:: Thierry
Family Name:: ROSE
City of Residence:: Paris Cedex 15
Country of Residence:: FRANCE
Street of Mailing Address:: 25-28, rue du Docteur Roux
City of Mailing Address:: Paris Cedex 15
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-75724

Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: FRANCE
 Status:: FULL CAPACITY
 Given Name:: Pedro
 Family Name:: ALZARI
 City of Residence:: Paris
 Country of Residence:: FRANCE
 Street of Mailing Address:: 141, rue de Vaugirard
 City of Mailing Address:: Paris
 Country of Mailing Address:: FRANCE
 Postal or Zip Code of Mailing Address:: F-75015

Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: FRANCE
 Status:: FULL CAPACITY
 Given Name:: Jean-Claude
 Family Name:: MAZIE
 City of Residence:: Asnieres
 Country of Residence:: FRANCE
 Street of Mailing Address:: 24, rue des Jardins
 City of Mailing Address:: Asnieres
 Country of Mailing Address:: FRANCE
 Postal or Zip Code of Mailing Address:: F-92600

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 22850

REPRESENTATIVE INFORMATION

Representative Customer Number:: 22850

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
<u>This Application</u>	<u>National Stage of</u>	<u>PCT/IB99/01424</u>	<u>07/16/99</u>
<u>PCT/IB99/01424</u>	<u>365(c) of</u>	<u>09/116,594</u>	<u>07/16/98</u>

ASSIGNMENT INFORMATION

Assignee Name:: INSTITUT PASTEUR
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